

**WOMEN'S INTERAGENCY HIV STUDY
DRUG FORM 2 – NON-ANTIRETROVIRAL MEDICATION USE**

**COMPLETE THIS FORM FOR EACH MEDICATION LISTED ON FORM F22MED,
QUESTIONS C1a, C1b AND C1c.**

PARTICIPANT ID: |_|_|-|_|_|_|_|-|_|_|_|_|_|_|_|_|-|_|_|
 WIHS STUDY VISIT #: |_|_|_|_|
 FORM VERSION: **1 0 / 0 1 / 0 4**
 FORM COMPLETED BY: |_|_|_|_|_|_|_|
 DATE COMPLETED: |_|_|_|_| / |_|_|_|_| / |_|_|_|_|

SELECT THE SPECIFIC DRUG FOR WHICH INFORMATION WILL BE CAPTURED ON THIS FORM.

Inhaled Medications:

114 ___ Pentamidine (aerosolized)

Injected or Infused Medications:

091 ___ Foscarnet (Foscavir)	157 ___ Medication to increase white blood cell count (G-CSF, GM-CSF, Neupogen)
125 ___ Ganciclovir (DHPG, Cytovene IV)	117 ___ Medication to increase red blood cell count (Erythropoietin, Epogen, Procrit, EPO)
232 ___ Nandrolone (Deca-Durabolin)	242 ___ Pegylated interferon (PEGASYS, PEG-Intron, Peginterferon alfa-2a, Peginterferon alfa-2b)
090 ___ Interferon alfa-2b (Intron A) or Interferon alfa-2a (Roferon-A)	
124 ___ Amphotericin B (Ampho B)	

Pills, Liquids or Creams:

112 ___ Bactrim (Septra, cotrimoxazole, trimethoprim-sulfamethoxazole, TMP/SMZ)	127 ___ Nizoral (ketoconazole)
184 ___ Biaxin (clarithromycin)	144 ___ Nystatin (mycostatin)
153 ___ Cipro (ciprofloxacin)	706 ___ Orapred
113 ___ Dapsone	228 ___ Oxandrin (oxandrolone)
116 ___ Diflucan (fluconazole)	707 ___ Prednisolone (Prelone)
213 ___ Famvir (famciclovir)	704 ___ Prednisone (Deltasone)
125 ___ Ganciclovir (Cytovene, valganciclovir, Valcyte)	182 ___ PZA (pyrazinamide)
138 ___ INH (isoniazid)	235 ___ Rebetron (ribavirin & interferon alfa-2b)
154 ___ Lamprene (clofazimine)	093 ___ Rifabutin (mycobutin)
190 ___ Mepron (atovaquone)	139 ___ Rifadin (rifampin)
540 ___ Methadone	169 ___ Sporanox (itraconazole)
705 ___ Methyl-prednisolone (Medrol)	230 ___ Terazol (terconazole)
229 ___ Monistat (miconazole)	198 ___ Valtrex (valacyclovir)
137 ___ Myambutol (ethambutol)	247 ___ Vfend (voriconazole)
145 ___ Mycelex or Lotrimin (clotrimazole)	152 ___ Zithromax (azithromycin)
	146 ___ Zovirax (acyclovir)

PROMPT: INTERVIEWER, PLEASE RECORD HOW USE OF THIS MEDICATION WAS REPORTED.

SELF-REPORT1
 PARTICIPANT BROUGHT WRITTEN LIST TO VISIT2
 PARTICIPANT BROUGHT MEDICATION BOTTLES TO VISIT3
 PARTICIPANT BROUGHT PHARMACY RECORD TO VISIT.....4
 RECORD OBTAINED DIRECTLY FROM PHARMACY5
 OTHER.....6

SPECIFY: _____

WIHSID#

_____|_____|_____|_____|_____|_____|_____|_____|

1. You said you were taking (DRUG) since your (MONTH) study visit:

a. How did you get access to this medication? **CIRCLE ONE ANSWER.**

- Regular prescription 1 (Question 2)
- Compassionate use program..... 2 (Question 2)
- Research study..... 3
- Other..... 4 (Question 2)

b. Was this study one in which you were blinded to the treatment (in other words, you did not know the specific medications you were taking)?

- YES 1 (STOP HERE)
- NO 2

2. Were you taking this medication to treat or prevent any of the following medical conditions, illnesses, or symptoms? (**CIRCLE YES OR NO FOR EACH**)

	<u>YES</u>	<u>NO</u>
a. Tuberculosis.....	1	2
b. Positive skin test for TB (positive PPD).....	1	2
c. Pneumocystis Jirovecii or Pneumocystis Carinii Pneumonia (PCP).....	1	2
d. Pneumonia, non-PCP.....	1	2
e. Mycobacterium Avium (MAC).....	1	2
f. Other condition.....	1	2 (Question 3)

SPECIFY: _____

3. How often do/did you take this medication?

PROMPT: RECORDED MOST RECENT NUMBER OF TIMES PER DAY OR TIMES PER WEEK OR TIMES PER MONTH OR TIMES PER LAST SIX MONTHS.

- Number of times _____ per Day 1
- Week 2
- Month..... 3
- Last 6 Months.. 5

4. **PROMPT: HAND PARTICIPANT RESPONSE CARD E1.**

For how long did you use (DRUG) since your last visit?

- 1 week or less 1
- More than 1 week but less than 1 month..... 2
- 1-2 months..... 3
- 3-4 months..... 4
- 5-6 months..... 5
- More than 6 months..... 6

5. Are you currently taking (DRUG)?

- YES 1
- NO 2

PROMPT: AFTER A DRUG FORM 2 HAS BEEN COMPLETED FOR EACH NON-ANTIRETROVIRAL MEDICATION THE PARTICIPANT REPORTS SHE HAS TAKEN, GO BACK AND COMPLETE F22MED.